



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: HENRY COUNTY HEALTH

City of Hospital: New Castle

Year Begin: 01/01/2020 (mm/dd/yyyy format)

Year End: 12/31/2020 (mm/dd/yyyy format)

Person Completing the Report: Rebecca Radford

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Medicare Provider Number: 150030

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$78440635
Outpatient Patient Service Revenue	\$208920979
Total Gross Patient Service Revenue	\$287361614

2. Deductions From Revenue

Contractual Allowance	\$205128434
Other Deductions	\$1250485
Total Deductions	\$206378919

3. Total Operating Revenue

Net Patient Service Revenue	\$80982695
Other Operating Revenue	\$6402935
Total Operating Revenue	\$87385630

4. Operating Expenses

Salaries and Wages	\$35756324	Employee Benefits	\$12774428
Depreciation and Amortization	\$5119705	Interest Expense	\$233725
Bad Debt	\$6570574	Other Expenses	\$38904918
Total Operating Expenses	\$99359674		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-11974044	Total Assets	\$100758929
Net Non-operating Gains over Loss	\$14019494	Total Liabilities	\$42234335

Total Net Gains	\$2045450
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$89664213	\$68515459	\$21148754
Medicaid	\$56172422	\$44789020	\$11383402
Other Government	\$0	\$0	\$0
Other State	Indiana	\$0	\$0
Other Payers	\$141524979	\$93074440	\$48450539
Total	\$0	\$206378919	\$-206378919

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$5369	\$5369	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$616963	\$-616963
Hospital Patients	\$0	\$2025009	\$-2025009
Community Education	\$0	\$17881	\$-17881

Number of Medical Professionals Trained	233
Number of Hospital Patients Educated	118273
Number of Citizens Exposed to Health Education Messages	300000

Statement Six: Charity Statement

Hospital Charity Charges	\$1250485
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$403887	
HCI Payments	\$0		
Subtotal	\$0	\$403887	\$-403887
Medicaid Shortfalls	\$1202538	\$18142794	
Subtotal	\$1202538	\$18546681	\$-17344143
DSH Payments	\$2,261,715		
Subtotal	\$3464253	\$18546681	\$-15082428
Medicare Shortfalls	\$20734506	\$28960106	
Other Government Programs	\$0	\$0	
Total	\$24198759	\$47506787	\$-23308028

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$608478	\$-608478
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$28222	\$-28222
Other Allocations	\$0	\$17832	\$-17832

Comments

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